

DECLARATION FOR PATENT APPLICATION

Docket No. TOBINICK
3.0-011(CIP)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the design entitled TNF MODULATORS FOR TREATING NEUROLOGICAL DISORDERS ASSOCIATED WITH VIRAL INFECTION, the specification of which

(check one) is attached hereto.

was filed on _____ as
 Application Serial No. _____
 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
09/563,651 09/496,643	2 May 2000 31 December 1999		Pending Pending	
(Application Serial No.) 09/275,070	(Filing Date) 23 March 1999		(Status—patented, pending, abandoned) Patented	
(Application Serial No.) 09/256,388	(Filing Date) 24 February 1999		(Status—patented, pending, abandoned) Abandoned	
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:				
Ezra Sutton, Reg. No. 25,770				
Address all telephone calls to _____ at telephone no. (732) 634-3520				
Address all correspondence to _____				
EZRA SUTTON, P.A. Plaza 9, 900 Route 9 Woodbridge, New Jersey 07095				

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 101 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first Inventor EDWARD L. TOBINICK, M.D.
 Inventor's signature X Date Sept. 5 2000
 Residence Los Angeles, California 90024-6902 Citizenship United States of America
 Post Office Address 100 UCLA Medical Plaza, Suite 205
Los Angeles, California 90024-6903

Full name of second joint Inventor, if any _____

Second Inventor's signature _____ Date _____

Residence _____ Citizenship _____

Post Office Address _____

Applicant or Patentee: EDWARD L. TOBINICK, M.D.
Serial or Patent No.: _____
Filed or Issued: _____
Title: TNF MODULATORS FOR TREATING NEUROLOGICAL
DISORDERS ASSOCIATED WITH VIRAL INFECTION
VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.2(f) AND 1.27(b)) - INDEPENDENT INVENTOR

Attorney's
Docket No.:
TOBINICK 3.0-011(CIP)

As a below-named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark office with regard to the invention entitled TNF MODULATORS FOR TREATING NEUROLOGICAL DISORDERS ASSOCIATED WITH VIRAL INFECTION described in:

the specification filed herewith
 Application Serial No. _____, filed _____
 Patent No. _____, issued _____

I have not assigned, granted, conveyed, or licensed and am under no obligation, under contract or law to assign, grant, convey, or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c), if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

no such person, concern, or organization
 persons, concerns, or organizations listed below*

*NOTE: Separate verified statements are required from each named person, concern, or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME _____
ADDRESS _____

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

FULL NAME _____
ADDRESS _____

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

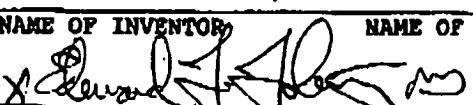
FULL NAME _____
ADDRESS _____

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

EDWARD L. TOBINICK, M.D.

NAME OF INVENTOR	NAME OF INVENTOR	NAME OF INVENTOR
		
Signature of Inventor	Signature of Inventor	Signature of Inventor

Sept. 5, 2000
Date Date Date